



CITY OF SNOHOMISH

116 UNION AVENUE · SNOHOMISH, WASHINGTON 98290 · (360) 568-3115 · WWW.SNOHOMISHWA.GOV

SPECIAL EVENTS PERMIT APPLICATION

EVENT:

☐

New permit

☒

Renewal

Title: 2023 Snohomish Art Showcase

Event type (running event, concert, parade, community event, etc.) and description:

Community event focused on artists in action at public spaces throughout historic downtown Snohomish. Coincides with Farmers Market. Formerly known as Snohomish Art Walk.

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas and/or protected by the First or Fourteenth Amendments to the US Constitution?

Yes ☐

No ☒

Date(s) of Proposed Event: Thursday, August 10, 2023

Hours of Operation From: 3:00 PM AM/PM To: 7:00 PM AM/PM

Set-up Date: 8/10/2023 Time From: 2:00 PM AM/PM To: 3:00 PM AM/PM

Teardown Date: 8/10/2023 Time From: 7:00 PM AM/PM To: 8:00 PM AM/PM

Number of Staff/Volunteers: 4 Estimated Number of Participants: 25-50

MARKETING/ADVERTISING:

Attach samples of entry forms, fliers, pamphlets, and other forms of promotion:

Attached ☐ Not provided ☒

Will participants pay a fee? Yes ☐ No ☒

If fees are donations, please provide the name(s) of the beneficiary non-profit organization(s):

CONTACTS AND ORGANIZERS:

Name of Applicant: Brady Begin

Organization: City of Snohomish

Person in Charge: Brady Begin Address: 116 Union Ave Snohomish, WA 98290

Phone Number: Cell: (360) 913-4848 Other: _____

Email: begin@snohomishwa.gov

Will this person have the authority to cancel or greatly modify event plans? Yes ☒ No ☐

Will this person be present at the event and in charge of the event at all times? Yes ☒ No ☐

Additional Authorized Individual: Ann Ray

Phone Number: Cell: (425) 328-0059 Other: _____

Email: ray@snohomishwa.gov

Will this person have the authority to cancel or greatly modify event plans? Yes ☒ No ☐

Will this person be present at the event and in charge of the event at all times? Yes ☒ No ☐

Emergency Contact (different than the previous listed contacts): Shari Ireton

Phone Number: Cell: (425) 512-1839 Other: (360) 282-3176

Email: ireton@snohomishwa.gov

Day-of/Onsite Contact(s): Brady Begin and Ann Ray

Phone Numbers: (360) 913-4848 and (425) 328-0059, respectively

Will this person have the authority to cancel or greatly modify event plans? Yes ☒ No ☐

Will this person be present at the event and in charge of the event at all times? Yes ☒ No ☐

EVENT LOCATION(S):

LOCATION/STREET(S) INVOLVED (City of Snohomish boundary map:

<https://www.snohomishwa.gov/177/Property-Lookup>)

Describe area involved in event and attach map/route plan: Attached ☐ Not provided ☒

Check all that apply and submit a to-scale map showing each (Note that additional permits may be required):

☒ City right-of-way (streets, sidewalks, etc.) to be impacted – map shows the beginning area, the route (with arrows) and finish area (include all areas even if they are outside City limits).

Events with a proposed street closure or impacts to right-of-way must include:

☒ Approved detailed traffic plan with name of the MUTCD provider, locations and type of barricades, and number attendants

☒ Communications plan for notifying impacted merchants, residents, and businesses prior to the event

☒ A map/proposal for at least one alternative route/location

☐ For relay route event, maps must include “hand-off” points and areas of participant equipment impact.

☐ Partial/full closure of streets in the Historic District (see

<https://www.snohomishwa.gov/DocumentCenter/View/476/City-Zoning-Map?bidId=>)

☐ Partial/full closure of Avenue D bridge and/or SR 9

☒ Participant parking and/or staging areas

☒ Entertainment, dance, tent, or stage locations. Provide a to-scale detailed drawing, describe music, sound, amplification, and any other noise impact and hours of each with the map.

☐ Alcoholic beverage concession area. Detail containment of the site to ensure that alcohol is consumed by persons 21 or older, and types of alcohol with the map.

☐ Non-alcoholic beverage concession area. Food concession/cooking areas. General merchandise concession areas.

☐ Portable toilet facilities and handwashing facilities, provider, and specify how many of each at each location

☐ Generators or other power source(s)

☐ Water source(s) (for uses other than handwashing or sanitation)

☐ First Aid facilities: List agency providing staff, stations, and equipment, including Name of Agency, Representative Phone, # of aid units (Ambulances, Medics, Doctors, etc.)

☐ Security personnel and/or facilities: List agency providing staff, stations, and equipment, including Name of Agency, Representative Phone, # of units (private security, Deputy Sheriff's Association, etc.)

☐ Safety plan in case of inclement weather, threats to public safety, evacuation, etc.

☒ Event Organizer's Command Post or location during the event.

☐ Garbage and/or recycling containers, provider, and specify how many at each location

INSURANCE:

Please check one:

☒ **City Sponsored Event** or _____ **Department** event function.

☐ **Co-Sponsored Event:**

List staff liaison and department involvement / control of event

Signature of staff liaison: _____

Attach to this application other available insurance (policy name, number, amount) listing the City as an additional insured.

☐ **Community Event**

Attach to this permit a Certificate of Insurance with Endorsement evidencing commercial general liability insurance written on an occurrence basis with limits of no less than \$1,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury, and property damage. The City shall be named as an additional insured on the Commercial General Liability insurance policy and a copy of the endorsement naming City as additional insured shall be attached to the Certificate of Insurance. The insurance policy shall contain a clause stating that coverage shall apply separately to each insured against whom claim is made or suit is brought, except with respects to the limits of the insurer's liability. The insurance shall be primary insurance as respects the City.

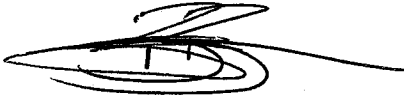
**Acceptability of the form of the certificate of insurance and the amount of insurance coverage is subject to approval by the City*

HOLD HARMLESS:

Applicant/Permittee/User shall defend, indemnify and hold harmless the City of Snohomish, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the acts or omissions of the Applicant/Permittee/User, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Snohomish.

Name of Applicant: Brady Begin Date: 1/31/2023

Organization/Title: City of Snohomish

Signature of Applicant: _____


(FOR OFFICIAL USE ONLY)

APPROVED BY: _____ Public Works _____ Snohomish Police Dept.
(initial) _____ Building Official/Planning _____ Code Enforcement
_____ Snohomish Fire District 4 _____ Mayor/Administrator/Designee
_____ Community Engagement Dept. _____ City Attorney

IF A CONTRACT FOR THE SNOHOMISH CARNEGIE IS REQUIRED, APPROVED BY:

_____ Community Services Program Specialist

THIS EVENT WILL REQUIRE A CONTRACT: Yes ☐ No ☐

PERMIT DETAINED/DENIED FOR THE FOLLOWING REASONS: _____

RECOMMENDED APPROVAL WITH THE FOLLOWING CONDITIONS: _____

APPROVAL/DENIAL BY: _____ DATE: _____

NAME OF CITY STAFF

	FEE	STAFF INITIAL	DATE
Application Fee	\$ _____	_____	_____
Damage Deposit	\$ _____	_____	_____
Additional Costs	\$ _____	_____	_____
TOTAL PAID	\$ 0 _____	_____	_____
TOTAL REFUNDED	\$ _____	_____	_____